

Entered - 04-17-02 - sb  
CL 01L0236 - GWENDOLYN BURNS

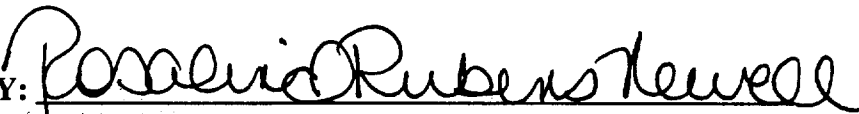
**CLAIM OF: OMNI INSURANCE, *an affiliate of*  
THE HARTFORD  
*as subrogee of* SAMUEL FRANKS  
100 Enterprise Drive  
P.O. Box 3000  
Rockaway, NJ 07866**

For damages alleged to have been sustained as a result of a automobile accident on May 31, 2000 at Jonesboro Road and School Drive.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION  
COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **OMNI INSURANCE, *an affiliate of* THE HARTFORD *as subrogee of* SAMUEL FRANKS** the sum of **\$1,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a automobile accident on May 31, 2000 at Jonesboro Road and School Drive as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

**APPROVED: SUSAN PEASE LANGFORD  
CITY ATTORNEY**

BY:   
**ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY**

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0236

Date: July 27, 2001

Claimant /Victim SAMUEL FRANKS  
BY: (Atty) (Ins. Co.) Omni Insurance, an affiliate of the Hartford Insurance Company  
Address: P.O. Box 3000, Rockaway, New Jersey 07866  
Subrogation: Claim for Property damage \$ 3,925.30 Bodily Injury \$             
Date of Notice: 9/20/00 Method: Written, Proper X Improper             
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 5/31/00 Place: Jonesboro Road & School Drive  
Department POLICE Division             
Employee involved Berry Dampier, Jr. Disciplinary Action: Oral Admonishment

NATURE OF CLAIM: Claimant's vehicle sustained damage when it was struck by a police vehicle that "failed to yield when entering an intersection" while responding to an emergency call. The city driver was cited for same. (See bodily injury claim 00L0586 for date of notice)

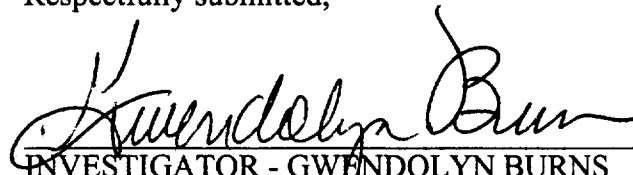
INVESTIGATION:

Statements: City employee            Claimant            Others            Written            Oral             
Pictures            Diagrams            Reports: Police X Dept Report            Other             
Traffic citations issued: City Driver X Claimant Driver X  
Citation disposition: City Driver            Claimant Driver           


BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial             
Improper Notice            More than Six Months            Other            Damages reasonable             
City not involved            Offer rejected            Compromise settlement X  
Repair/replacement by Ins. Co.            Repair/replacement by City Forces             
Claimant Negligent            City Negligent X Joint            Claim Abandoned           

Respectfully submitted,

  
INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 1,000.00 Adverse            Account charged: 1A01 X 2J01            2H01             
Claims Manager:  Concur/date 08-01-01  
Committee Action:            Council Action



March 08, 2001

ENTERED - 4-17-01 - SB  
01L0236 - GWEN BURNS

CITY OF ATLANTA PD  
1675 Ponce De Leon Ave.  
Atlanta, Ga 30308-1807



Your Insured:	City Of Atlanta Pd
Address	1075 Ponce Deleon Ave Atlanta, GA 30308-1807
Your Claim No:	
Your Policy No:	
Our Insured:	Samuel Franks
Our Claim Number:	001 AC 216548
Date of Loss:	05/31/00
Location of Loss:	ATLANTA GA
Amount of Loss:	\$3,925.30
Our Account No:	SUB313603

Dear *L*,

Enclosed are copies of our supporting documents which are evidence of our subrogation demand. Our investigation reveals that your insured was negligent. Therefore, we are seeking to recover \$3,925.30 in damages.

We are requesting that you please review the enclosed documents as soon as possible and advise us of your position on settlement of our claim.

Very truly yours,

Christopher Wilson  
Omni Insurance is an Affiliate of The Hartford  
(973) 607-5228, Ext.

973-361-7856 (Fax)

01-*R*-1236

Garden State Regional Claim Office  
Rockaway 80 Corporate Center  
100 Enterprise Drive  
P.O. Box 3000  
Rockaway, NJ 07866  
Telephone 973 607 5000  
Facsimile 973 361 4426